

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

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|--|--|---|--|-----------------------|--|---|--|---|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. C A X 9 0 0 0 3 6 4 8 3 | | Manifest Document No. | | 2. Page 1 of | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address PARA PLATE 15910 Shoemaker, Cerritos, CA 90701 | | | | | | A. State Manifest Document Number 88675855 | | | |
| 4. Generator's Phone (213) 404-3434 | | | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name Omega Recovery Services | | | | | | 6. US EPA ID Number CAD 042 245 001 | | C. State Transporter's ID 010341 | |
| 7. Transporter 2 Company Name | | | | | | 8. US EPA ID Number | | D. Transporter's Phone 213/698-0991 | |
| 9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blve. Whittier, CA 90602 | | | | | | 10. US EPA ID Number CAD 042 245 001 | | E. State Transporter's ID | |
| | | | | | | | | F. Transporter's Phone | |
| | | | | | | | | G. State Facility's ID CAD 042 245 001 | |
| | | | | | | | | H. Facility's Phone 213/698-0991 | |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | |
| a. Waste ORM-A NOS NA 1693 ORM-A (Flexosolvent) | | | | | | 003 DM | | 00000 | |
| b. | | | | | | | | 14. Unit Wt/Vol | |
| c. | | | | | | | | State 211 | |
| d. | | | | | | | | EPA/Other | |
| J. Additional Descriptions for Materials Listed Above | | | | | | K. Handling Codes for Wastes Listed Above | | | |
| | | | | | | a. ol | | | |
| | | | | | | b. | | | |
| | | | | | | c. | | | |
| | | | | | | d. | | | |
| 15. Special Handling Instructions and Additional Information | | | | | | | | | |
| Profile No. 14464 | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | |
| Printed/Typed Name FRANK E. HERNANDEZ | | | | | Signature <i>Frank E. Hernandez</i> | | | Month Day Year 11/01/789 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name ROBERT J. CIRINGIONI | | | Signature <i>Robert J. Ciringioni</i> | |
| | | | | | | | | Month Day Year 11/01/789 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials | | | | | Printed/Typed Name | | | Signature | |
| | | | | | | | | Month Day Year | |
| 19. Discrepancy Indication Space | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. | | | | | | | | | |
| Printed/Typed Name FRANK FORD | | | | | Signature <i>Frank Ford</i> | | | Month Day Year 11/01/789 | |

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Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

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EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY